



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

02 AUG 28 PM 2:23

RECEIVED
SECRETARY OF STATE
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: IDA-AIR ZLP

2. If previously filed a statement of partnership, the name used in that statement is:

The date it was filed with the Idaho Secretary of State's Office was: _____

3. The street address of the limited liability partnership's chief executive office is:

512 12th Ave Rd. Nampa ID 83686

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____

5. The mailing address for future correspondence is: 512 12th Ave Rd
Nampa ID 83686

6. The above-named partnership elects to be a limited liability partnership. true

7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Jeffrey D. Sinclair

Typed Name Jeffrey D Sinclair

2) John Larson

Typed Name JOHN LARSON

3) _____

Typed Name _____

Secretary of State use only

01/2001
corpformqualp.pdf Revised

IDAHO SECRETARY OF STATE
08/28/2002 05:00
CK: NO CK # CT: 163087 BH: 485190
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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